**OBJECTIVES:** Herpes zoster (HZ) and post-herpetic neuralgia (PHN) are painful conditions that can have a substantial negative impact on patients' lives. UK-specific patient reported outcome (PRO) data on the debilitating impact of these conditions is limited, however. A large-scale UK cross-sectional study, therefore, has recently been conducted to address these limitations and further inform the scientific community. Findings from this study are summarised. **METHODS:** A combined total of 382 HZ and PHN patients over the age of 50 were recruited from 49 sites throughout the UK. Participants were required to complete validated PRO measures of pain and health-related quality of life (HRQoL), including the Zoster Brief Pain Inventory (ZBPI) and the Medical Outcomes Study Short-Form 36 (SF-36). **RESULTS:** Pain was a prominent symptom among patients, with more than 50% reporting experiencing pain in the preceding 24 hours at levels typically considered to have a significant impact on HRQoL (i.e. ZBPI worst pain > 5). This was reflected in SF-36 domain and summary scores that were significantly lower in HZ and PHN patients compared to age-matched norms ($p < 0.05$). When compared to normative samples, clinically meaningful differences were observed among HZ and PHN samples across SF-36 domains assessing aspects of physical and mental well-being. In both groups, HRQoL was inversely associated with levels of reported pain. **CONCLUSIONS:** Findings indicate that the acute presentation of HZ and the development of PHN, the most common complication of HZ and that can persist for several months, are painful experiences that can have a significant impact on the physical and mental wellbeing of HZ/PHN sufferers.

### PIH46

### SATISFACTION WITH PRESCRIPTION AND OVER-THE-COUNTER MEDICATIONS: RESULTS FROM A NOVEL PATIENT REGISTRY

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**OBJECTIVES:** There is a growing debate regarding switching prescription (Rx) drugs to over-the-counter (OTC) for chronic conditions as a viable option in the brand lifecycle management and cost control. Further, patients are increasingly involved in making informed treatment-related decisions. Using a novel patient registry, the current study assessed satisfaction across ten widely used Rx and OTC medications and evaluated the impact of Rx versus OTC status on treatment satisfaction for these medications. **METHODS:** The registry recruited patients from multiple sources: physicians, pharmacies, and online referrals, to report ongoing medications on www.MediGuard.org. A random sample of these patients was contacted to complete the Treatment Satisfaction Questionnaire for Medication (TSQM) Version-I, a 14-item reliable and valid instrument to capture patients' satisfaction with medication. The TSQM yields scores on four domains: effectiveness, side-effects, convenience, and global satisfaction. The study included patients on any of the ten Rx-levothyroxine, metformin, atorvastatin, simvastatin, lisinopril, zolpidem, aripiprazole, esomeprazole, duloxetine, montelukast (n=9,387) or OTC medications- ibuprofen, acetaminophen, aspirin, multivitamin, cetrizine, omeprazole, omega, naproxen, calcium carbonate, and loratadine (n=7,226). Descriptive statistics and regression analyses explored the differences in patients' satisfaction across Rx versus OTC medications. **RESULTS:** Overall, patients had mean (SD) age of 56.9 (12.4) years; 70.5% females and 73.8% White. The mean TSQM scores ranged from 61.4, 63.2 (acetaminophen, metformin) to 72.7, 76.4 (omeprazole, esomeprazole) on effectiveness, from 93.0, 81.5 (cetirizine, aripiprazole) to 99.1, 97.6 (multivitamin, esomeprazole) on side-effects, from 76.4, 78.1 (acetaminophen, metformin) to 88.2, 89.1 (loratadine, montelukast) on convenience and from 61.7, 61.1 (naproxen, metformin) to 73.8, 75.4 (cetirizine, esomeprazole) on global satisfaction. Compared to Rx, OTC showed better side-effects profile and global satisfaction but had lower effectiveness and convenience ($p < 0.001$) after adjusting for age, gender, race, self-reported severity, and co-medications. **CONCLUSIONS:** The findings suggest that differences in patients' satisfaction profiles are associated with Rx versus OTC medications.

### PIH47

### MEASURING THE BURDEN OF DISEASE AND INJURY IN SPAIN USING DISABILITY-ADJUSTED LIFE YEARS: A POPULATION-BASED STUDY

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**OBJECTIVES:** We provided a comprehensive and detailed overview of the Spanish burden of disease study for the year 2008. **METHODS:** We calculated disability-adjusted life years (DALYs) at a country level using the methodology developed in the Global Burden of Disease (GBD) study. DALYs were divided into years of life lost because of premature mortality (YLLs) and years of life lived with disability (YLDs), and are presented by sex and by age groups. Results were obtained using Spanish specific-mortality data for the year 2008 and morbidity data estimated for Euro-A region (European countries with very low mortality, including Spain) of the GBD study. Data were analysed and prepared in GesMor and Epidat software. **RESULTS:** In the year 2008, DALYs lost due to all diseases and injuries was estimated at 5.1 million (DALY rate per 1000 Spanish people of all ages and both sexes: 111.0). From the total number of DALYs, 41.4% were due to premature mortality (YLLs) and 58.6% were due to disability (YLDs). Chronic non-communicable diseases accounted for 89.2% of the total number of DALYs. The three main causes of DALYs were neurological and mental disorders (29.9%), malignant neoplasms (15.8%), and cardiovascular diseases (12.5%). The leading specific causes of DALYs were unipolar depression (5.5%), ischaemic heart disease (5.5%), lung cancer (5.3%) and alcohol abuse (4.7%) among males, and unipolar depression (11.7%), dementias (10.0%), hearing loss (4.2%) and cerebrovascular disease (3.5%) among females. **CONCLUSIONS:** Measuring DALYs specifically for Spain provides a systematic analysis of health losses at a population level. The findings from this study suggest that chronic non-communicable diseases would benefit from increased evidence-based public health actions.

### PIH48

### ASSESSMENT OF COUNTRY-LEVEL HEALTH-RELATED QUALITY OF LIFE (HRQL) OUTCOMES AND TREATMENT EFFECT OF LEVONORGESTREL-RELEASING INTRAUTERINE SYSTEM (LNG-IUS) IN WOMEN WITH IDIOPATHIC MENORRHAGIA

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**OBJECTIVES:** Calculate the country-level scores for the SF-36v2 subscales and components for women with idiopathic menorrhagia treated with LNG-IUS; explore between-country variability in HRQL experience of this condition; and evaluate the treatment effect in different geographical settings. **METHODS:** Baseline and 12-month data from a prospective, observational study of women with idiopathic menorrhagia from 9 countries (Bulgaria, Croatia, India, Jordan, Romania, Russia, Saudi Arabia, Serbia and Montenegro, and Turkey) were analyzed. Scores were calculated for each of the eight domains and Physical and Mental component summaries (PCS and MCS) of the SF-36v2. Hierarchical modeling was applied to account for nested nature of observations within the countries. Frequentist mixed effects regressions in STATA and Bayesian Markov Chain Monte Carlo simulation in WinBUGS were used to calculate country-level estimates, controlling for covariates. **RESULTS:** Idiopathic menorrhagia negatively affects HRQL in different geographic settings; in most countries baseline mean MCS scores are more than one standard deviation (10 units) below the normative UK mean. Between-country variability was confirmed in Bayesian and Frequentists analysis for baseline subscales (range: 36-86) and MCS and PCS (range: 35-51), indicating variation in experience with menorrhagia. In general, 12-month estimates were much higher than those at baseline, indicating substantial improvement in HRQL while on treatment, regardless of country. In addition, there was a consistent, positive relationship of haemoglobin with the SF-36v2 subscales and the MCS. **CONCLUSIONS:** Women in 9 countries in the study are negatively affected by menorrhagia, though country-level variation was seen. Improvement in HRQL while on treatment was consistent across geographic settings. Exploration of potential country- or patient-level effects is recommended in future research.

### PIH49

### OTIS: AN AID TOOL FOR THE MANAGEMENT OF ITCHY SCALPS

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**OBJECTIVES:** Assess the impact of the treatment of urinary disorders of the lower urinary tract related to benign prostatic hypertrophy (BPH) using medical treatment under actual conditions of use. **METHODS:** A pragmatic cohort of patients treated medically, was followed up for 6 months, using several validated questionnaires: IPSS, MSF4, and SF12. **RESULTS:** A total of 146 patients treated with Serenoa Repens (hexanic extract) were evaluated, the mean age was 65.64± 8.82 years, and on average the diagnosis had been made 11 months previously. At 6 weeks, the IPSS was significantly improved ($p<0.0001$). This improvement in the IPSS score between 6 weeks (11.08±6.17) and inclusion (15.05±6.80) was 4 points. An improvement was also observed at 3 months. At 6 months, the p-value was also significant ($p<0.0001$). The improvement in the IPSS score between 6 months (7.78±423) and inclusion (14.79±6.90) was 7 points.The physical dimension (50.18±7.39 at inclusion) of the SF12 improved significantly ($p=0.0005$) from the 6th week (52.46±6.10), an improvement (2.51 points) that was confirmed at 6 months (52.07±6.54) ($p=0.0052$) in comparison with inclusion (49.56±7.53). The mental dimension (49.18±7.63 at inclusion) of the SF12 improved significantly ($p=0.0069$) at 6 month (51.81±6.59). Improvement of 2.63 points. The MSF4 was unchanged. **CONCLUSIONS:** We observed an improvement in the IPSS score from the 6th week; this statistical improvement was confirmed by a significant clinical improvement in the 6th month. This favourable progression is consistent with the improvement observed for both dimensions of the SF12.

### PIH50

### QUALITY OF LIFE OF STUDENTS FROM THE FACULTY OF PHARMACY AT MEDICAL UNIVERSITY OF WARSAW IN 2011

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**OBJECTIVES:** The aim of this study was to measure Health Related Quality of Life among Pharmacy students at Medical University of Warsaw. **METHODS:** In March 2011, students from the Faculty of Pharmacy, Medical University of Warsaw were surveyed with a set of HRQoL questionnaires. The survey was conducted in the middle of the semester, when students have no exams, nor tests and was a part of long-term Pharmacoeconomic Student Chapter's project. Students self-completed pen and pencil versions of questionnaires and didn't receive any compensation. They were asked to give information regarding sex, age, year of study, average grade during the previous year of study and to complete final official Polish version of EQ-5D-5L, followed by EQ-VAS, SF-36 v.1 and EQ-5D-3L. **RESULTS:** Three hundred eighty three students were approached, 369 responded to EQ-5D-5L and SF-36 and were included in the final analysis. Missing data included: sex in 1 respondent, age in 2 and EQ-VAS in 6 respondents. Concerning SF-36 dimensions, students reported major problems in vitality 53.69 ± 18.47 as opposed to physical function-